

Applicant's Name: _____ Social Security Number: _____

First Middle Last

SECTION 1: Financial Institution Accounts—Check the box(es) next to the types of accounts you have.

- Fill in the following:

Cash or uncashed checks:

Name on the check:

SECTION 2: Real Property/Notes, Mortgages, Deeds of Trust, Sales Contracts

Home (whether you live in it or not), other houses, apartments, ranch, land, buildings, mobile homes, or life estates in or outside of the U.S. or the State of California:

Address or legal description of property: _____

Name of owner: _____

Does anyone live there now? ☐ Yes ☐ No

How long have they lived there? _____

Name of person living there: _____

Relationship to you: _____

If you do not live there now, do you want to return to that property to live some day? ☐ Yes ☐ No

(You must notify the county within 10 days of any change in plans for living at the property.)

Is the property currently listed for sale? ☐ Yes ☐ No

Full value of property (from tax statement): \$ _____

Amount owed: \$ _____

Rent collected each month from the property: \$ _____

SECTION 3: Business—(Check each item “Yes” or “No.”)

Business/Self-employment checking/savings account or cash: ☐ Yes ☐ No

Business equipment, vehicles, tools, inventory, or materials (including livestock, or poultry not for personal use): ☐ Yes ☐ No

Type of equipment: _____ Name on property: _____

Description of item: _____ Estimated value: \$ _____ Amount owed: \$ _____

Business real property, buildings, leases, licenses: ☐ Yes ☐ No

Description: _____ Name on property: _____

Estimated value: \$ _____ Amount owed: \$ _____

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FOR COUNTY USE ONLY	
Case Name:	_____
Case Number:	_____
Worker Number:	_____
Date:	_____
Verification (List):	
Verification of Income and Expenses (List):	
Verification (List):	
Appraisal Provided:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business or Self- employment Verified:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 4: Vehicles/Recreational Vehicles**A. List all cars, trucks, motorcycles, airplanes, snowmobiles, or off-road vehicles (even if not running) owned by you or your family. If none, write "none."**

Make and Model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale?		Used for Business?	
					Yes	No	Yes	No

B. List any boats, campers (do not include trucks), motor homes, or trailers which are not used as a home and are not taxed as real property by the county.

Make and Model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale?		Used for Business?	
					Yes	No	Yes	No

If you do not agree with the value DMV gives your vehicle(s) listed above in A and B, you may get another estimate of the value from a qualified professional.

SECTION 5: Other—Do you/family member own:

- **Jewelry worth more than \$100** (not wedding/engagement rings or heirloom): ☐ Yes ☐ No
Listed for sale? ☐ Yes ☐ No Value: \$ _____ Amount owed: \$ _____ Who owns: _____
- **Household goods or any personal items valued at more than \$500 per item (musical instruments, PC, etc.):** ☐ Yes ☐ No
Value: \$ _____ Description: _____ ☐ Jointly owned ☐ Separately owned
- **Mineral rights or mining claims (oil, coal, etc.):** ☐ Yes ☐ No
Is either listed for sale? ☐ Yes ☐ No Description: _____ Who owns: _____
Current value: \$ _____ Amount owed: \$ _____ Location: _____
- **Burial trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items:** ☐ Yes ☐ No
Is it for use of immediate family? ☐ Yes ☐ No
Description: _____ Who owns: _____ Current value: \$ _____
Amount owed: \$ _____ Location: _____ Purchase price: \$ _____
Purchased for whom: _____ Account number: _____
- **Life insurance:** ☐ Yes ☐ No
Enter how many policies owned: _____ If more than one, use additional sheet of paper.
Insurance company: _____ Person insured: _____ Policy owned by: _____
Face value: \$ _____ Policy number: _____ Date policy issued: _____ Current cash value: \$ _____
- **Long-term care insurance:** ☐ Yes ☐ No
Name of insurance company: _____ Policy number: _____
Amount of benefits paid by the insurance company to date: \$ _____ Name on policy: _____
- **Other accounts/items:** ☐ Yes ☐ No
Name on account/item: _____ Value: \$ _____

SECTION 6: Transfer (Check "Yes" or "No.")Has anyone closed, given away, transferred, sold, or traded any money, vehicles, or other property like those listed above in the last 30 months? ☐ Yes ☐ No

If yes, complete the following: Item: _____ Date: _____

☐ Transferred ☐ Sold ☐ Traded ☐ Closed ☐ Given away

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

Applicant's signature

Date

**FOR COUNTY
USE ONLY**List Verification/
Estimates of Value/
EncumbranceList Verification/
Estimates of Value/
EncumbranceAppraisal Provided:
☐ Yes ☐ NoLTC Insurance Benefit
Summary Provided:
☐ Yes ☐ NoTransfer or Receiving
NF Level of Care?
☐ Yes ☐ No

See MC 176 PI